

CON-17-01377



## Contract Routing Control Sheet

## Parks &amp; Recreation

Contact: Phil Fleischmann Phone: 373-3275

## Change Order

Tracking#: 13723 Date Submitted: 12/5/2017 Date Needed: 12/31/2017  
 Contract#: Track#7597 Date Started: 2/1/2018 Est End Date: 4/30/2018  
 Coliseum#: Change Order#: 1 Lease#: Bid#:   
 Requisition#: NCDOT#: Resolution#:   
 Email For Pickup: ☐ Rush: ☐

Description: Restaurant Lease Addendum

\*\*Finance please continue to invoice. Please note the change in the revenue account number.\*\*

Comments: \*\*Please return, via mail, to: P&amp;R Admin (Attn: Debbi LaRue)\*\*

Vendor:	Account #	CBR	Amount
Cafe Europa 2000 Inc.	101-5044-01.7802		\$5,790.66
Vendor#: 999023837			
Location:		Total:	\$5,790.66 ✓
200 N. Davie St. Box 15 Greensboro, NC 27401			



## Signatures

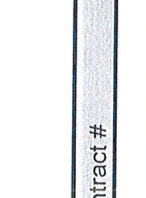
<input checked="" type="checkbox"/> Dept Director	Reviewed By: <u>[Signature]</u>	Date: <u>12/5/17</u>
<input checked="" type="checkbox"/> Finance	Reviewed By: <u>[Signature]</u>	Date: <u>RECEIVED DEC 19 2017</u>
<input checked="" type="checkbox"/> Accounting	Reviewed By: <u>[Signature]</u>	Date: <u>12/20/17</u>
<input checked="" type="checkbox"/> Attorney	Reviewed By: <u>Jenia A Jones</u>	Date: <u>12/20/17</u>
<input checked="" type="checkbox"/> City Manager	Reviewed By: <u>not required</u>	Date: _____
<input type="checkbox"/> Mayor	Reviewed By: _____	Date: _____
<input checked="" type="checkbox"/> Deputy City Clerk	Attested By: <u>Angela Reed</u>	Date: <u>12-22-17</u>
<input type="checkbox"/> Purchasing	Reviewed By: _____	Date: _____
<input type="checkbox"/> CCD	Reviewed By: _____	Date: _____

RECEIVED

DEC 22 2017

City Manager's Office

# PARKS RECREATION CONTRACT REQUEST FORM

REQUESTED BY:  Phil Fleischmann		Date Requested 12/4/2017		Date Needed 12/31/2017		Rush	
Payment Due Date(s) monthly		Start Date 2/1/2018		Agreement Type <input checked="" type="checkbox"/> Contract <input type="checkbox"/> Partnership <input type="checkbox"/> Co-Sponsors		Department Nasha McCray (Interim)	
		End Date 4/30/2018				Division Community Recreation Services	
						Division Head Phil Fleischmann	
						Contact Person Phil Fleischmann	
						Phone Number 373-3275	
Account Number 101-5044-01.7802		CBR#		Amount \$5,790.66		Vendor Number 999023837	
						Vendor Café Europa 2000 Inc.	
						Address 200 N. Davie St. Greensboro NC 27401	
				Women Owned		Racial Ethnic Codes	
Contract #		C/O		Service or Item Description Restaurant Lease Addendum		Comments Request monthly billing from Collections as per addendum	
Resolution No		THIS SECTION COMPLETED BY ADMINISTRATION:  AUTHORIZATION		DATE AUTHORIZED 12-5-17		TRACKING NUMBER 13723	

**FIRST ADDENDUM TO LEASE AGREEMENT****Contract # 7597****Vendor # 999023837**

**THIS ADDENDUM** is entered into this 29<sup>th</sup> day of November, 2017, by and between the City of Greensboro, a municipal corporation ("Lessor") and CAFÉ EUROPA 2000 INC., a corporation of North Carolina ("Lessee").

**WHEREAS**, the Lessor and Lessee entered into a lease agreement on February 1, 2014 for the Lessee's use of approximately 5,060 square feet on the second floor of the Greensboro Cultural Center, 200 N. Davie Street, suite 15, Greensboro ("Premises") for the purpose of the Lessee's operation of a restaurant;

**WHEREAS**, the aforementioned lease agreement and its one subsequent two-year renewal are set to expire on January 31, 2018;

**WHEREAS**, the Lessor and Lessee mutually wish to extend the current lease for an additional three month period, to encompass the period from February 1, 2018 through April 30, 2018;

**WHEREAS**, the Lessor intends to assign management responsibilities of the Premises to Greensboro Downtown Parks, Inc. effective upon the expiration of this addendum, and the Lessee acknowledges that it will be required to submit a responsive proposal / bid should it desire to be considered for continuing to lease and operate the Premises;

**WHEREAS**, beginning May 1, 2018, Lessee acknowledges that Greensboro Downtown Parks, Inc. will select future tenant(s) of the Premises as it will be contracted by the Lessor to perform this function, and that future lease arrangements will be determined and set forth by Greensboro Downtown Parks, Inc.;

And **WHEREAS** Lessor and the Lessee wish to amend some terms and conditions of the original agreement as required by current City contracting policies;

**NOW THEREFORE**, the Lessor and Lessee desire to amend the following terms and conditions in the lease agreement as follows:

**Term of Agreement**

The term of agreement is hereby extended from February 1, 2018 through April 30, 2018.

**Rent**

For use of the Premises, Lessor shall bill Lessee \$1,930.22 per month (i.e., \$5,790.66 for the three-month lease amendment).

**Non-Discrimination Requirements**

Lessee shall not discriminate against any member of the public in the use of City facilities or in the delivery of City programs, services or activities on the basis of sex, race, gender, color, ethnicity, national origin, age, familial status, marital status, military status, political affiliation, religion, physical or mental disability, genetic information, sexual orientation, gender expression, or gender identity.

**Iran Divestment Act Certification**

As of the date of this Addendum, Lessee certifies that it is not listed on the Final Divestment List created by the State Treasurer pursuant to N.C.G.S. 147-86.58 and that the Lessee will not utilize any subcontractor found on the State Treasurer's Final Divestment List. All individuals signing this Addendum on behalf of the Lessee certify that they are authorized by the Lessee to make this certification.

**E-Verify Compliance**

Lessee certifies that it currently complies with the requirements of Article 2 of Chapter 64 of the North Carolina General Statutes, and that at all times during the term of this Addendum, it will continue to comply with these requirements. Lessee also certifies that it will require that all of its subcontractors that perform any work pursuant to this Agreement to comply with the requirements of Article 2 of Chapter 64 of the North Carolina General Statutes. Violation of this section shall be deemed a material breach of this Agreement.

It is expressly agreed by the parties that this First Addendum is supplemental to the original Lease Agreement, which is incorporated herein by reference, and all terms, conditions, and provisions of the original Agreement, unless specifically modified herein, are to apply to this First Addendum.

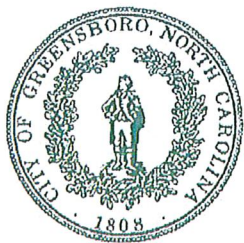
In the event of any conflict, inconsistency, or incongruity between the provisions of this Addendum and any of the provisions of the original Agreement, the provisions of this First Addendum shall in all respects govern and control.

**IN WITNESS WHEREOF**, the parties hereto have executed this Addendum in triplicate originals on the dates as indicated with the required signatures.

**SIGNATURES APPEAR ON THE NEXT PAGE**

**THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK**





City of Greensboro Contract Signature Sheet

CAFE EUROPA 2000 INC  
Print name of corporation

[Signature]  
Signature of president or vice-president

Date: 11.29.2017

[Signature]  
Witness (Secretary of the Corp.)

Date: 11.29.2017

Recommended by: (P&R Employee Name)

Date: \_\_\_\_\_

[Signature]  
Parks and Recreation Division Manager

Date: 12/4/17

[Signature]  
Parks and Recreation Director

Date: 12/5/17

Contracts greater than \$1,000

*This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act*

N/A  
City Manager  
(Only required if contract is \$20,000 or greater)

N/A ABV  
Deputy Finance Officer

Approved as to form:

Attest:

[Signature]  
City Attorney

[Signature]  
City Clerk

Date: 12/22/17

(Only required if contract is greater than \$1,000)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/4/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## PRODUCER

Craft Insurance Center  
823 North Elm Street  
PO Box 14946  
Greensboro NC 27415

## CONTACT

NAME: Phyllis Carter, CIC, CISR

PHONE (A/C, No, Ext): (336) 375-0600

FAX (A/C, No): (336) 375-7004

E-MAIL: pcarter@craftinsurance.com

ADDRESS:

## INSURER(S) AFFORDING COVERAGE

## NAIC #

INSURER A: Hanover American Ins. Co.

36064

INSURER B: Massachusetts Bay Insurance Co

22306

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## INSURED

Cafe Europa 2000, Inc.  
200 North Davie Street

Greensboro

NC 27401

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	ZZ6A626882 02	5/1/2017	5/1/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	OTHER:					PRODUCTS - COM/OP AGG \$ 2,000,000
						Hired & Non-Owned Auto \$ 1,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTIONS				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N Y N/A	WD6A572896 02	5/1/2017	5/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Greensboro Parks & Recreation as additional insured with respects general liability as to operations of the named insured if required by written contract

## CERTIFICATE HOLDER

## CANCELLATION

Parks and Recreation  
City of Greensboro  
1001 Fourth Street  
Greensboro, NC 27405

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

P Carter, CIC, CISR/F

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POLICY NUMBER: ZZ6 A626882 02

COMMERCIAL GENERAL LIABILITY  
CG 20 11 04 13**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – MANAGERS OR  
LESSORS OF PREMISES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<b>Designation Of Premises (Part Leased To You):</b>
1
<b>Name Of Person(s) Or Organization(s) (Additional Insured):</b>
The City of Greensboro
<b>Additional Premium: \$ 50</b>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



## Business Corporation

### Legal Name

CAFE EUROPA 2000, INC.

## Information

SosId	Status	Annual Report Status	Citizenship	Date Formed
0545135	Current-Active	Current	Domestic	4/18/2000

Fiscal Month:	Registered Agent
December	<u>Pucilowski, Jakub O</u>

## Addresses

Mailing	Principal Office	Reg Office
200 North Davie Street Greensboro, NC 27401	200 North Davie Street Greensboro, NC 27401	682 Chesnut Street Greensboro, NC 27405

**Reg Mailing**  
682 Chesnut Street  
Greensboro, NC 27405

## Officers

**President**  
Jakub Pucilowski  
682 Chesnut Street  
Greensboro NC 27405

## Stock

Class	Shares	No Par Value
Common	100000	Yes